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Bib Data Sheet

CONFIRMATION NO. 7469

<b>SERIAL NUMBER</b> 10/630,549	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1527/1E848US3
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## APPLICANTS

Arthur Ashman, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/132,793 04/24/2002 which is a CON of 09/086,604 05/29/1998 PAT  
6,554,803  
which is a DIV of 08/831,914 04/02/1997 ABN *JAB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None JAB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

07278

## TITLE

Nozzle tip for use with syringe and method for using same

<b>FILING FEE RECEIVED</b> 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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